Agency Report		A Pub	lic Docume	ent	TICK	ETS PROVIDED AGENCY REP
Los Angeles County	-		-	Date Stamp	Californ Form	nia QO
Division, Department, or Re					For Off	icial Use Only
Board of Supervisors - Fir	st District					9
Street Address 500 West Temple Street,	Suite 856, Los Ang	eles, CA 900	012			
Area Code/Phone Number (213) 974-4111	E-mail Molina@lacbos.c	org		Amendment (Mus	t explain in Part 5.)	
Agency Contact (name and titl Joanie Paul - Senior Admi		/ Ticket Adm	ninistrator	Date of Original Fillng	(month, day,	year)
. Event For Which Ticket	ts Were Distribute	ed	l Δ Philharr	nonic at Hollywood	Rowl	
Date(s) of Event: 07 3	0 <u>/09</u> Desc	ription of Eve	nt:	nonic at Hollywood	DOWI	· · · · · ·
	/ Face	Value of Tick	et: \$ 26.00			
Agency Event Yes	➤ No (Identify s					
Agency Event res		1.0	ats below.) A Philharmonic			
Name of Outside Source of	Ticket(s) Provided	to Agency:	· · · · · · · · · · · · · · · · · · ·			
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I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Joanie Paul

Signature of Agency Head or Designee Print Name Title

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (Feb/09) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

01/21/10

(month, day, year)

Ticket Administrator

Title

## Tickets Provided by A Public Document TICKETS PROVIDED BY Agency Report AGENCY REPORT 1. Agency Name Date Stamp California Los Angeles County Form Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors - First District Street Address 500 West Temple Street, Suite 856, Los Angeles, CA 90012 Area Code/Phone Number E-mail Amendment (Must explain in Part 5.) (213) 974-4111 Molina@lacbos.org Agency Contact (name and title) Date of Original Filling: (month, day, year) Joanie Paul - Senior Administrative Assistant / Ticket Administrator 2. Event For Which Tickets Were Distributed LA Philharmonic at Hollywood Bowl Date(s) of Event: 07 26.00 Face Value of Ticket: \$ Agency Event ☐ Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Number of Tickets Received: 12 Ticket(s) Provided to Agency: ✓ Gratuitously Pursuant to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official Number State Whether the Distribution is Income to the Official or (Last, First) of Tickets Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Supervisor Gloria Molina Name of Behesting Agency Official: Monterey Park Sister Cities Association 12 Name of Individual or Organization: Number of Tickets: Community organization. Description of Organization: 801 Divina Vista Street Monterey Park CA 91754 Address of Organization: Number and Street State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) 5.3i) Support community programs that benefit County residents.

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Print Name

(Use this space or an attachment for any additional information including amendment explanation.)

Joanie Paul

5. Verification

FPPC Form 802 (Feb/09) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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Print Name

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Ticket Administrator

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I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Print Name

Joanie Paul

Comment: (Use this space of an attachment for any additional information including amendment explanation.)

5. Verification

FPPC Form 802 (Feb/09) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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(month, day, year)

Ticket Administrator

## Tickets Provided by **A Public Document** TICKETS PROVIDED BY Agency Report AGENCY REPORT 1. Agency Name Date Stamp California Los Angeles County **Form** Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors - First District Street Address 500 West Temple Street, Suite 856, Los Angeles, CA 90012 Area Code/Phone Number E-mail Amendment (Must explain in Part 5.) (213) 974-4111 Molina@lacbos.org Agency Contact (name and title) Date of Original Filing: (month, day, year) Joanie Paul - Senior Administrative Assistant / Ticket Administrator 2. Event For Which Tickets Were Distributed LA Philharmonic at Hollywood Bowl Date(s) of Event: 08 Description of Event: 26.00 Face Value of Ticket: \$ Agency Event No (Identify source of tickets below.) Yes Name of Outside Source of Ticket(s) Provided to Agency: Number of Tickets Received: 15 Ticket(s) Provided to Agency: ☐ Gratuitously Pursuant to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official Number State Whether the Distribution is Income to the Official or (Last, First) of Tickets Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Supervisor Gloria Molina Name of Behesting Agency Official: Monterey Care Center 15 Name of Individual or Organization: Number of Tickets: Facility located in the First District Description of Organization: 1267 San Gabriel Boulevard CA 91770 Rosemead Address of Organization: Number and Street Slate Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) 5.3h) Promoting public and private facilities available for County resident use. 5. Verification

distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Ticket Administrator

Joanie Paul

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Print Name

I have determined that the

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Joanie Paul

Print Name

(Use this space or an allachment for any additional information including amendment explanation.)

**Ticket Administrator** 

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01/21/10

(month, day, year)